

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hakan Urey
Filed : August 5, 1999
For : Scanned Display with Switched Feeds and Distortion Correction



Docket No. : MVIS 98-28

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Sir:

I hereby certify that the enclosures listed below are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No. EL440420280US , on August 5, 1999, addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Respectfully submitted,

Microvision, Inc



Jennifer M. Wilson

CTT:jw

Enclosures:

Postcard
Check (\$552)
Transmittal and Fee Calculation Sheet (+ copy)
Specification, 26 Claims, Abstract (1-54 pages)
38 Sheets of Drawings (Figures 1-42)
Declaration and Power of Attorney
Verified Statement of Small Entity Status
Form PTO-1595 Assignment Recordation Cover Sheet and Assignment

08/05/99



1c690 U.S. PTO

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A

Express Mail No.: EL440420280US
Attorney Docket No.: MVIS 98-28

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Assistant Commissioner for Patents
Washington, D.C. 20231

NEW UTILITY PATENT APPLICATION TRANSMITTAL AND FEE TRANSMITTAL

Inventor: Hakan Urey

For: Scanned Display with Switched Feeds and Distortion Correction



1c584 U.S. PTO

09/369676

08/05/99

APPLICATION ELEMENTS AND ACCOMPANYING PARTS

- ☒ U.S. Utility Patent Application: Specification, 26 Claims, Abstract (54 pages).
☒ 38 Sheets of Drawings (Figs. 1-42).
☒ A Declaration and Power of Attorney.
☒ A Verified Statement of Small Entity Status.
☒ An assignment of patent application to Microvision, Inc., a corporation of the State of Washington.
☐ A Preliminary Amendment.
☐ An Information Disclosure Statement, Form PTO-1449, and Copies of Citations.
☐ Filed without formal signature documents or fee.

SMALL ENTITY FEE CALCULATION

Utility Filing Fee \$380

Claims:

	No. Filed			Extra		Surcharge		
Total Claims	26	-20	=	6	x	\$9	=	\$54
Independent Claims	5	-3	=	2	x	\$39	=	\$78
Multiple Dependent Claims	0			0		\$130		\$0
Assignment Recordation	1			0		\$40		\$40

Total Fee Enclosed \$552

METHOD OF PAYMENT

☒ Payment enclosed ☒ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to

- ☐ Charge indicated fees and credit any over payments to Deposit Account No. _____
☒ Charge any additional fees required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 500284.

Submitted by:

Clarence T. Tegreene
Reg. No. 37,951

Date 8/5/99

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